



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR CERTIFICATION/AFFIDAVIT

BOARD OF COSMETOLOGY AND
BARBER EXAMINERS
P.O. BOX 1062
JEFFERSON CITY, MISSOURI 65102
TELEPHONE (573) 751-1052

20 CSR 2085-4.050 Certification of Licensure, Training Hours or Exam Scores

(1) Any licensee desiring a certification/affidavit of his/her licensure, training hours, examination scores, or any combination of these, shall submit to the board a written request which contains the licensee's name, address, license number and signature and directs who the information may be sent to. The request shall be submitted with the required fee.

INSTRUCTIONS

1. Complete the below information.
2. \$10.00 fee payable in the form of a cashier's check, money order or personal check.
3. Return the completed application to: Board of Cosmetology & Barber Examiners
PO Box 1062
Jefferson City, MO 65102

APPLICANT INFORMATION

NAME OF APPLICANT	APPLICANT LICENSE NUMBER
ADDRESS OF APPLICANT (STREET, CITY, STATE, ZIP CODE)	SOCIAL SECURITY NUMBER
EMAIL ADDRESS	TELEPHONE NUMBER

☐ (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.

PLEASE SEND CERTIFICATION/AFFIDAVIT TO

NAME OF STATE BOARD (RECEIVING AGENCY)	
ADDRESS	
SIGNATURE OF LICENSEE	DATE

PLEASE NOTE: Certifications/Affidavits are sent electronically to the requested State Board.